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FORM C-EF

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE
ATTN: DOCKETING DEPARTMENT
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

RECEIVED

SEP 27 2006

PSC SC
MAIL/DMS

OFFICE # (803) 896-5100

FAX # (803) 896-5199

CLASS E (HHG) 2006-298-T DATE Sept. 7, 2006

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
 NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Thomas Henderson 1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

A2B Moving

Thomas Henderson 2. (a) Street Address of Applicant 2711 Woodhuff Rd
Simpsonville, SC 29681

(b) Mailing address, if different from street address _____

(c) Telephone Number 804-277-7909 SS No. _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business.
 (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. (a) Class E – the proposed rates and charges for service, rules and regulations governing same are included herewith, as set forth on Exhibit "A".
 (b) Class F – Contracts are included herewith.

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DOCKETING DEPT.

BLS

6. The proposed commodities to be transported and the area to be served, as set forth on Exhibit "C" included herewith. _____
7. The proposed list of equipment is as per Exhibit "D" included herewith.
8. Applicant proposes to operate service applied for as follows: (Check one)
(a) Intrastate Only ☒ (b) Interstate Only ☐
9. **IMPORTANT!** If application is to request reinstatement, amend, sale, lease or otherwise transfer a certificate of PC&N, a current annual report shall be on file with the Commission before application will be accepted. Annual report form attached for your convenience. If application is for a **NEW CERTIFICATE, DO NOT SUBMIT ANNUAL REPORT.**
10. Is applicant certified to provide intrastate transportation of household goods in another state? Yes _____ No ☒ (Check one).
If yes, attach a letter from the regulatory agency in the State(s) stating applicant is in compliance with the rules and regulations of said state agency.
11. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state?
Yes _____ No ☒ (Check one)
If yes, list dates and nature of convictions below.

12. Has applicant ever had certificate authorizing the transportation of household goods revoked in this state or any other state?
Yes _____ No ☒ (Check one).
If yes, list dates and reason for revocation below.

13. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month September Year: 2006

Assets:	
Cash	15,643.27
Receivables	N/A
Real Estate	N/A
Buildings and Equipment-Net	N/A
Motor Vehicles-Net	6,000
Garage Equipment-Net	N/A
Machinery and Tools-Net	N/A
Supplies on Hand	2,000
Prepays and Other Assets	N/A
Total Assets	17,643.27
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	0
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity	0

14. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol. 26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF _____

I, Thomas L. Henderson President(Name of Applicant's Representative) Thomas Hendersonof ATB Group, the Applicant for the Certificate of Public Convenience and Necessity as

(Applicant)

set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Greenville South CarolinaThis the 17 day of September 2006Keith B. Balkman

(Notary Public)

Commission Expires June 20, 2015Thomas L. Henderson

(Signature of Applicant's Representative)

CLASS E
EXHIBIT A

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

POST OFFICE DRAWER 11649
COLUMBIA, SC 29211

Thomas Henderson DBA

A2 B Moving

(APPLICANT)

2711 Woodhuff Rd Simpsonville, SC 29681

(ADDRESS)

Proposed Rates and Charges for Service

And Rules and Regulations Governing Same Are As Follows:

\$75.00 per hour / 3 hour minimum
One full tank of gas

CLASS E
EXHIBIT C

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Post Office Drawer 11649
Columbia, South Carolina 29211

Thomas Henderson DBA

A2B Moving

(Name)

2711 Woodhuff Rd Simpsonville, SC 29181

(Address)

Over Irregular Routes:

Commodities to be Transported:

Household Goods, As Defined in R. 103-210(1):

Area to be Served: (List counties in detail)

Statewide

Thomas Henderson DBA

A2B Moving

(Applicant)

Date: 9/6/06

Thomas L. Henderson

By

President

Title

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

- Seats if passenger carrier or tonnage if freight carrier.

Thomas Henderson DBA

A2B Moving
(Applicant)

(Applicant)

Date: 9/6/06

Thomas L. Hudson

(Applicant's Representative)

President

(Title)

INSURANCE QUOTE

The following insurance quote is for:

Thomas Henderson DBA A2B Moving
(Name of Motor Carrier)
2711 Woodruff Road Simpsonville SC 29681
(Address of Motor Carrier)

Amount of Premium:**Limits Quoted (See Below):**

Liability Insurance \$ 1,927.00 Limits 750,000.00

Cargo Insurance \$ 1,350.00 Limits 50,000.00

* **Attach Certificate of Insurance if available.**

Columbia Insurance Co.
(Insurance Company Name)
3024 Harney St Omaha, NE 68131
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

9/25/01 Rudy Painter
Date (Authorized Insurance Company Representative)

*** Form E and Form H Certificates of Insurance are required to be filed with the Public Service Commission of South Carolina. Please refer to Regulation Nos. 103-172; 103-173 for Schedule of Minimum Limits. Transportation regulations are accessible on the ORS website (regulatorystaff.sc.gov).

Thomas Henderson DBA **EXHIBIT FWA**

Name: A 2 B Moving

Address: 2741 Woodruff Rd Simpsonville, SC 29681

Telephone No. 864-297-7229

Fax No. 864-297-7957

U. D.O.T. No. _____

ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ✓ Pending _____ (Submit when received)

(If "yes", indicate rating and provide copy)

Satisfactory _____

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ✓

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No ✓

(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Thomas L. Henderson
(Applicant's Signature)

Sworn to before me

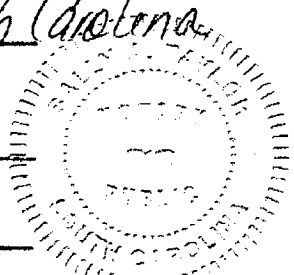
At Greenville, South Carolina

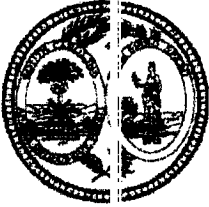
This 1ST day of Sept. 2001

Sally D. Allen
(Notary Public)

My Commission Expires

Commission Expires: September 1, 2015





***The Public Service Commission
State of South Carolina***

Charles L. Terreni
Chief Clerk/Administrator
Phone: (803) 896-5133
Fax: (803) 896-5246

COMMISSIONERS
G. O'Neal Hamilton, Fifth District
Chairman
C. Robert Moseley, At-Large
Vice Chairman
John E. "Butch" Howard, First District
David A. Wright, Second District
Randy Mitchell, Third District
Elizabeth B. "Lib" Fleming, Fourth District
Mignon L. Clyburn, Sixth District

Docketing Department
Phone: (803) 896-5100
Fax: (803) 896-5199

September 15, 2006

TO: A2B Moving
2711 Woodruff Road
Simpsonville, SC 29681

FROM: Janice Schmieding, Docketing Department

YOUR APPLICATION IS BEING RETURNED FOR THE FOLLOWING REASON(S):

- _____ Failed to indicate Fares and Number of Passengers on Exhibit C.
- XXX Please Clarify Name of Company - If appropriate, need Articles of Incorporation or Limited Liability Company Documents from the Secretary of State's Office.
- _____ Failed to enclose Description of Equipment (Exhibit D)
- _____ Failed to Submit Signature on Exhibit # C
- XXX Failed to Submit Notarized Applicant Representative's Signature on the Statement of Assets and Liabilities
- _____ Need more detail on area to be served, i.e. what counties would you be operating in?
- _____ Complete Safety Certification Form
- XXX Insurance Quote - Form Enclosed - Needs to Be Completed and Submitted with the Application.
- _____ Other:

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (803) 896-5240.

cc Carole Chauvin, Office of Regulatory Staff (via e-mail)

Fax Cover Sheet

**H & H Self Storage
2711 Woodruff Road
Simpsonville, SC 29681
Phone: 864-297-7229
Fax: 864-297-7957**

**TO: Public Service Commission
ATTN: Janice Schmieding**

FAX #: 803-896-5199

FROM:

Tom Henderson

PAGES: 9 not including cover sheet

COMMENTS: Please call if you have any questions (864) 297-7229.